

# North Edmonton Wizards Lacrosse Club

## DIVISIONAL DIRECTOR APPLICATION

<b>Name:</b>	<b>Email:</b>
<b>Address:</b>	<b>Home Phone:</b>
	<b>Cell Phone:</b>
<b>Division:</b> <input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 16U <input type="checkbox"/> FEMALE	
<b>Do you wish to be a director if you do not have a child at the level?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Director Qualifications:</b>	
<b>Lacrosse Experience:</b> (include season year, division, level and brief description of outcomes)	
<b>Director / Volunteer References:</b>	
<b>Philosophy:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>PLEASE RETURN COMPLETED APPLICATION FORM TO:</b> Barbara Smyth, President, North Edmonton Wizards Lacrosse Club <a href="mailto:president@wizardslacrosse.ca">president@wizardslacrosse.ca</a>	